24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		
INDEPENDENT VOICE FOR ILLINOIS PAC		C C00572743
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee STRATEGIC MEDIA SERVICES, INC.		Date of Public Distribution/Dissemination
,		09 26 Y Y Y Y Y Y
Mailing Address 1911 N FT MYER DR		Amount
STE 400 City State	Zip Code	37290.00
	22209	Transaction ID : SE.4301
Purpose of Expenditure	Catagony	Date of Disbursement or Obligation
MÉDIA PLACÉMENT	Category/ Type	09 / 23 / 2016
Name of Federal Candidate	🗶 Support Off	fice Sought: House District:
MARK STEVEN KIRK	Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	1328467.00 Dis	sbursement For: Primary General Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
STRATEGIC MEDIA SERVICES, INC.		09 26 2016
Mailing Address 1911 N FT MYER DR		
STE 400		Amount
	Zip Code	37290.00
ARLINGTON VA	22209	Transaction ID : SE.4302 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type	09 / 23 / 2016
Name of Federal Candidate	Support Off	fice Sought: House District:
L TAMMY DUCKWORTH	X Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary General Other (specify) ▶
-		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	74580.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	-	74580.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
	ically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	